

Handside Dental Surgery Limited

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Inspection Report

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Overall summary

We carried out a desk based follow up inspection on 22 June 2016 to check the practice had achieved compliance following our inspection of 27 January 2016. We concentrated on the following key question: Are services well-led?

Our findings were:

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Our key findings were:

- Patients could be assured the practice was carrying out a schedule of audits to monitor the quality of both clinical and non-clinical areas of the practice. The audits were being used to drive improvements in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice was carrying out audits of both clinical and non-clinical areas to assess the safety and effectiveness of the services provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a desk based inspection on 22 June 2016 following a comprehensive

Are services well-led?

Our findings

Learning and improvement

During the Care Quality Commission (CQC) inspection of the practice on 27 January 2016 it was identified there was not a robust system of audits to drive improvements. The provider had not met their legal obligations with regard to the Ionising Radiation Regulations 1999 (IRR 99) and the Ionising Radiation (Medical Exposure) Regulations 2000. As a result a requirement notice was issued.

On 11 April 2016 the provider sent an action plan to CQC identifying the actions they would take to meet the requirements identified. This included a timescale for implementing those actions.

In preparation for this desk based inspection the provider sent a number of documents to CQC to provide evidence that compliance had been achieved as identified in the action plan.

The provider sent a completed audit for infection prevention and control. The audit was dated 9 June 2016. The Department of Health's guidance, 'Health Technical

Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices' in respect of infection control and decontamination of equipment recommends that six monthly infection control audits are completed.

The provider also informed us that a complete review of the internal processes had been completed. As a result the practice had decided to subscribe to a new computerised process system. This being a calendar based system which managed, monitored, delegated and scheduled activities for the whole year. The system will automatically remind staff to carry out tasks and activities over the whole year which will include the scheduled audits. This will include an audit of infection prevention and control which is due for completion in December 2016.

In addition the provider sent copies of X-ray audits that had been completed in each surgery at the practice. These audits had been completed between March 2016 and June 2016. The audits showed that the quality of the X-rays had been graded with the majority being either excellent or diagnostically acceptable.

The provider has identified that the recently installed computerised system will allow a full set of audits to be scheduled throughout the year. This would include the use of medical histories, record keeping and referrals.